Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10826294

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column	1)	(Colu	(Column 2)		TYPE		OR	•	SMALL ENTITY	
TOTAL CLAIMS			28			·		RATE	FEE]	RATE	FEE	
FC)R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGEA	BLE CLAIMS	え名 mir	nus 20=	· &			X\$ 9=		OR	X\$18=	144	
INE	EPENDENT CI	_AIMS	mi ک	nus 3 =	* O			X43=		OR	X86=		
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	less than ze	ss than zero, enter "0" in column 2			L	TOTAL		OR	TOTAL	914		
CLAIMS AS AMENDED - PART II								OTHER THAN					
		(Column 1)	·	(Colun		(Column 3)	1 -	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	L	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		-	1 [X43=	,	OR	X86=		
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PNDENI	CLAIM		ļ	+145=		OR	+290=	_	
- 								TOTAL ODIT, FEE		OR	TOTAL ADDIT. FEE		
		~	ODII. PEE		•	ADDII. FEE							
AMENDMENT B	· · · · · · · ·	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
4ME	Independent	*	Minus	***		<u> -</u>		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE		
	•		٠,										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= .		X\$ 9=	!	OR	X\$18=		
	Independent	*	Minus	***	<u> </u>	=		X43=		OR	X86=		
لــــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=										+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+29U= TOTAL	· · · · ·	
**	f the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less that	n 20, enter *20.	AI	DDIT. FEE	· ·	OR ,	ADDIT. FEE	——- i	
		iber Previously Pai					er foun	id in the app	ropriate box	in col	umn 1.		